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LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

03/31/14/6

NAME _	Sage Telecom Communications, LLC		
	(Here show in full the exact corporate, firm or individual name of the respondent)		
LOCATED AT	10440 North Central Expressway Suite 700, Dallas, TX 75231		
	(Here give the location, including street and number of the respondent's main business office within the State)		
COMPANY#	719 32624		
	(Here give the ADSC perioded company number)		

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31,2013

LETTER OF TRANSMITTAL

To: Arkansas Public Service Commission	
Post Office Box 400 Little Rock, Arkansas 72203-0400	
Little Nock, Alkalisas 72203-0400	
Submitted herewith is the annual report covering the	
of 10440 N. Central Expressway, Suite 700, Dallas, TX	(Company) 75231-2228
(Location) for the year ending December 31,20 13. This report	is submitted in
accordance with Section 51 of Act 324 of the 1935 A	cts of Arkansas.
The following report has been carefully examined by	me, and I have executed the verification given below.
	_ / pall Wallan
	(Signature)
	(Signature)
	(Title)

VER	IFICATION
STATE OF Texas)	
) SS. COUNTY OF Dallas)	
I, the undersigned, Todd	Nallace, President & COO of the
(Nan Sage Telecom Communications, LLC	ne and Title) , on my oath do say that the following report has
(Company)	
been prepared under my direction from the original be carefully examined the same, and declare the same a	
affairs of said utility in respect to each and every matt	er and thing set forth, to the best of my knowledge,
and that accounts and figures contained in the forego	octions were made before stating the gross revenues, ing statements embrace all of the financial
transactions for the period in this report.	
	Tralifalla
	(Signature)
	
25th	ROCIO C. GONZALEZ
Subscribed and sworn to before me this	Notary Public, State of Texas My Commission Expires
	November 29, 2016
My Commission Expires	_
	Tue Ala 1.
	Reco Complex
	(Signature of riogary)

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

- Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
- 2 The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
- 3 If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
- 4 Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
- Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
- 6 This report will be scanned in. Please bind with clips only.
- Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
- In cases where the schedules provided in this report do not contain sufficient space for the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
- 9 Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
- 10 Answers to all inquires may be in even dollar figures, with the cents omitted and with agreeing totals.
- 11 Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, teleph whom any correspondence concerning th	hone number and e-mail address of the person to nis report should be addressed:
Name Rocio Gonzalez	Title Regulatory Compliance Manager
Address 10440 North Central Expressway	Suite 700, Dallas, TX 75231
Telephone Number 214-495-4884	
E-Mail RegulatoryAffairs@sagetelecom.ne	t
Give the name, address, telephone number	er and e-mail address of the resident agent:
Name National Registered Agents, Inc.	Telephone Number 800-562-6439
Address 455 W. Maurice St., Hot Springs, A	AR 71901-6050
E-Mail info@nrai.com	

IDENTITY OF RESPONDENT

Give the exact name by which respondent was known in law at the close of the year. Use the initial

word "The" only when it is part of the name: Sage Telecom Communications, LLC 2. Give the location (including street and number) of (a) the main Arkansas business office of respondent at the close of the year, and (b) if respondent is a foreign corporation, the main business office if not in this state: (a) None in Arkansas (b) 10440 N. Central Expressway Suite 700 Dallas, TX 75231-2228 3. Indicate by an x in the proper space (a) the type of service rendered, and (b) the type of organization under which respondent was operating at the end of the year: (a) () Electric, () Gas, () Water, (x) Telephone, () Other () Joint Stock Association, Proprietorship. (b) () ()Partnership. () Corporation, Other (describe below): (x)If respondent is not a corporation, give (a) date of organization, and (b) name of the proprietor or 4. the names of all partners, and the extent of their respective interest at the close of the year. (a) December 5, 2012 (b) TSC Acquisition Corporation; 100% 5. If a corporation, indicate (a) in which state respondent is incorporated (b) date of incorporation, and (c) designation of the general law under which respondent was incorporated, or, if under special charter, the date of passage of the act: (a) N/A

6. State whether or not respondent during the year conducted any part of its business within the State of Arkansas under a name or names other than that shown in response to inquiry No. 1 above, and, if so, give full particulars:

No.

(b) N/A

(c) N/A

1.

7.	State whether respondent is a consolidated or merged company. If so, (a) give date and authority for each consolidation or merger, (b) name all constituent and merged companies, and(c) give like particulars as required of the respondent in inquiry No.5 above:				
	(a) The company is not a consolidated or merged company.				
	(b)				
	(c)				
8.	State whether respondent is a reorganized company. If so, give (a) name of original corporation, (b) date of reorganization, (c) reference to the laws under which it was reorganized and (d) state the occasion of the reorganization, whether because of foreclosure or mortgage or otherwise, giving full particulars.				
	(a) Sage Telecom, Inc.				
	(b) December 5, 2012				
	(c) Per 2.01 of the Texas Business Corporation Act				
	(d) Created for the special purpose of acquiring the assets of Sage Telecom, Inc.				
9.	Was respondent subject to a receivership or other trust at any time during the year? If so, state: N/A				
	(a) Name of receiver or trustee:				
	(b) Name of beneficiary or beneficiaries for whom trust was maintained:				
	(c) Purpose of the trust:				
	(d) Give (1) date of creating of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)				
10.	Did the respondent act in any of the capacities listed in Paragraph (a) below during the past year?N/A If so,				
	(a) Indicate the applicable one by using an X in the proper space:				
	 () Guarantor, () Surety, () Principal obligator to a guaranty contract. 				
	(b) Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.				

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term		
	Office Address	Beginning	End	
Nathan R. Johnson*	10440 N. Central Expressway,	07/02/12	Perpetual	
Matthew H. Johnson**	Suite 700 Dallas, TX 75231	07/02/12	Perpetual	
Darryl Thompson		07/02/12	Perpetual	
Richard Starke		07/02/12	Perpetual	
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PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL.

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
Chairman	Nathan R. Johnson	10440 N. Central Expressway, Suite 700.
Vice Chairman	Matthew H. Johnson	Dallas, TX 75231-2228
CEO	Jeffrey B. Clark	
President & COO	Todd Wallace	
CFO	Kenneth Elmer	
CIO	Shahin Sazej	

GROSS ASSESSABLE REVENUES		
Description	Amount	
ARKANSAS GROSS ASSESSABLE REVENUES (excluding interstate Tolls)	\$2,301,750	

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS	
Residence	4178 284	
Business		
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES		
PBX Access Lines	0	
Coin or Credit Card Paystation Access Lines	0	
Company Official Access Lines (Numbers)	0	
TOTAL ACCESS LINES	<u> </u>	

44 62

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

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COMPANY CONTACTS

Company Information			
Company Name	Sage Telecom Communications, LLC		
dba			
Official Mailing Address	10440 N. Central Expressway, Suite 700 Dallas, TX 75231-2228		

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MA!L
Annual Report	Rocio Gonzalez	214-495-4884	214-495-4790	ronzalez@sagetelecom.net
Fuel Adjustment Report	N/A	N/A	N/A	N/A
Cost of Debt Report				
Tariffs	Carey Roesel	407-740-3006	407-740-0613	croesel@tminc.com
Accounting				
Rates	Rocio Gonzalez	214-495-4884	214-495-4790	rgonzalez@sagetelecom.net
Engineering	N/A	N/A	N/A	N/A
Finance	Kenneth Elmer	214-495-4817	214-495-4789	kelmer@sagetelecom.net
Income Taxes				
Property Taxes				
Gas Supply	N/A	N/A	N/A	N/A
Legal				
Data Processing				

Please list the number of utility employees located in Arkansas	
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